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APPLICANTS

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** CONTINUING DATA *****

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** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>PLC 09.21.2005</i> Examiner's Signature _____ Initials _____	STATE OR COUNTRY TN	SHEETS DRAWING 10	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
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TITLE
 Spatial-heterodyne interferometry for transmission (SHIFT) measurements *PLC 09.21.2005*

FILING FEE RECEIVED 916	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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